



# Bishop Carroll Catholic High School – Stewardship Program 2018-2019

## Senior Verification Form

Goal – 20 stewardship hours to the secular community  
Class: *CST or Christian Vocations / Virtues: fortitude and charity*  
**\*This Form Must be completed and submitted by April 15, 2019.**

### Guidelines for Senior Stewardship Hours:

- These hours are service to a non-profit or service organization in the wider secular (non-Catholic) community.
- Students must choose from among the organizations listed on the [Service Opps for Juniors and Seniors](#) spreadsheet.
- These hours are intended to teach the students how to witness to Christ and to be examples of young Catholic men and women in the secular community. Does NOT include service or activities associated with one's family or the Catholic Church, (however, service at Via Christi, Catholic Charities, and the Lord's Diner would fulfill these hours since they serve the wider secular community).
- Hours must be supervised and verified by a supervisor under which the hours were performed. Parents and close relatives cannot supervise the hours unless the student's parent(s) or close relative(s) officially act in a supervisory position at the secular non-profit organization.
- Seniors may choose to do **up to one half** (one half equals 10 hours) of the required hours by working on the campus of BCCHS outside of normal school hours.

Student's Name: \_\_\_\_\_ Parish: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Name of Organization/Non-Profit: \_\_\_\_\_ Hour(s) Served: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

1. Describe how you performed stewardship towards the secular community.

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2. How did this help you to participate in the Church's mission of Evangelization i.e. bringing the joy and truth of the Gospel of Jesus Christ to those in secular society?

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3. How do you think you grew in the virtues of fortitude and charity by participation in this activity?

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**By signing below, I affirm that the hours I have reported are correct and honest. Failure to report accurately will result in disciplinary action up to and including failure of the course.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After the Above has been filled in by the Student, this section is to be completed by the supervisor (who supervised the above stewardship hours):**

Supervisor's Name (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's evaluation of student's overall contribution (check one):  Excellent  Good  Average  Poor

Comments: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_